

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066265

Entity Name: BGL PROPERTIES, LLC

FILED
Sep 07, 2006
Secretary of State

Current Principal Place of Business:

10563 CORY LAKE DR
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

10563 CORY LAKE DR
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 01-0840024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BILBO, DOUGLAS
Address: 10563 CORY LAKE DR
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: GARY, GREGORY
Address: 533 S HOWARD AVE, STE 8-058
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: LARKIN, JAMES
Address: 3650 SWANS LANDING
City-St-Zip: LAND O' LAKES, FL 34639 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DOUGLAS BILBO

MGRM

09/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date